

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4	1					
5	1					
6	1					
7	1					
8		8				
9						
10	1		3			
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18	1					
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47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	13	1	1	1	1	1
TOTAL CLAIMS	62					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS						